

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/089978</b>	FILING DATE					
						APPLICANT(S)						
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/		/				51					
2		/		/			52					
3		2		/			53					
4		2		/			54					
5	/		/				55					
6		/		/			56					
7	/		/				57					
8		/		/			58					
9		/		/			59					
10		3		/			60					
11		3		/			61					
12	/		/				62					
13		/		/			63					
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43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	4	↓	4	↓		↓	TOTAL IND.		↓		↓	
TOTAL DEP.	15		9				TOTAL DEP.					
TOTAL CLAIMS	19		13				TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS